



09954975 09122002

#4

PATENT
IOWA:033USDECLARATIONCOPY OF PAPERS
ORIGINALLY FILED

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or the below named inventors are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHODS FOR TREATING HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS WITH GALLIUM COMPOSITIONS**, the Specification of which:



is attached hereto.

was filed on **September 18, 2001** as Application Serial No. **09/954,975**.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent, United States provisional application(s), or inventor's certificate listed below and have also identified below any foreign application for patent, United States provisional application, or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIORITY APPLICATION(S)			Priority Claimed
60/233,353	USA	September 18, 2000	YES
(Number)	(Country)	(Date Filed)	Yes/No
(Number)	(Country)	(Date Filed)	Yes/No

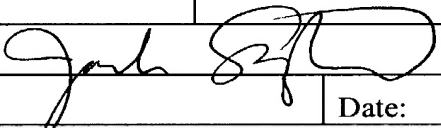
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below or any PCT international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

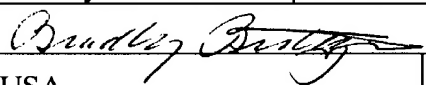
which become available between the filing date of the prior application and the national or PCT international filing date of this application: NONE.

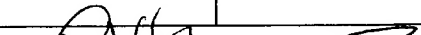
(Application Serial No.)	(Filing Date)	(Status)
(Application Serial No.)	(Filing Date)	(Status)

I hereby direct that all correspondence and telephone calls be addressed to Steven L. Highlander, Fulbright & Jaworski L.L.P., 600 Congress Avenue, Suite 2400, Austin, Texas 78701, (512) 474-5201.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

Inventor's Full Name:	Jack		Stapleton
Inventor's Signature:			
Country of Citizenship:	USA	Date:	4/2/02
Residence Address: (street, number, city, state, and/or country)	602 Clark Street Iowa City, IA 52240		
Post Office Address: (if different from above)			

Inventor's Full Name:	Bradley		Britigan
Inventor's Signature:			
Country of Citizenship:	USA	Date:	4/4/02
Residence Address: (street, number, city, state, and/or country)	One Oakridge Avenue Iowa City, IA 52246		
Post Office Address: (if different from above)			

Inventor's Full Name:	Larry	Schlesinger
Inventor's Signature:		
Country of Citizenship:	USA	Date: 4/4/02
Residence Address: (street, number, city, state, and/or country)	9 Brickwood Knoll Iowa City, IA 52240	
Post Office Address: (if different from above)		

